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APPLICANTS

Hiroshi Tsuchita, Odawara-shi, JAPAN;
 Masato Saito, Odawara-shi, JAPAN;
 Toshikazu Kamiya, Chiyoda-ku, JAPAN;
 Miho Komatsu, Tsukuba-shi, JAPAN;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	JAPAN	0	14

ADDRESS

SUGHRUE-265550
 2100 PENNSYLVANIA AVE. NW
 WASHINGTON, DC 20037-3213
 UNITED STATES

TITLE

Sustained improver of muscular fatigue

FILING FEE RECEIVED 2140	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit